

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

JOEL GREENFELD

Plaintiff

vs.

PROFESSIONAL CLAIMS  
BUREAU, INC.

Defendant

Case Number:

CIVIL COMPLAINT

JUDGE BRICCETTI

**13 CV 1507**

FILED  
U.S. DISTRICT COURT  
2013 MAR -6 PM 4:03  
SOUTHERN DISTRICT OF NEW YORK

**COMPLAINT AND JURY DEMAND**

COMES NOW, Plaintiff, Joel Greenfeld, by and through his undersigned counsel, Bruce K. Warren, Esquire of Warren Law Group, P.C., complaining of Defendant, and respectfully avers as follows:

**I. INTRODUCTORY STATEMENT**

1. Plaintiff, Joel Greenfeld, is an adult natural person and he brings this action for actual and statutory damages and other relief against Defendant for violations of the Fair Debt Collection Practices Act, 15 U.S.C. § 1692 et seq. ("FDCPA"), which prohibits debt collectors from engaging in abusive, deceptive and unfair practices.

**II. JURISDICTION**

2. Jurisdiction of this Court arises under 15 U.S.C. § 1692k(d) and 28 U.S.C. § 1337.
3. Venue in this District is proper in that Plaintiff resides in this district.

### **III. PARTIES**

4. Plaintiff, Joel Greenfeld, (hereafter, Plaintiff) is an adult natural person residing in Monroe, NY. At all times material and relevant hereto, Plaintiff is a “consumer” as defined by the FDCPA, 15 U.S.C. § 1692a (2).

5. Defendant, Professional Claims Bureau, Inc. (hereafter, Defendant), at all times relevant hereto, is and was a corporation engaged in the business of collecting consumer debt with a primary address located at 439 Oak Street, Garden City, NY 11530.

6. Defendant is engaged in the collection of debts from consumers using the telephone and mail. Defendant, is a “debt collector” as defined by the FDCPA, 15 U.S.C. §1692a(6).

### **IV. FACTUAL ALLEGATIONS**

7. On or about May 17, 2012 Plaintiff received a letter from Defendant stating they are collecting on behalf of Nyack Hospital and are seeking payment. **See EXHIBIT “A” (notice) attached hereto.**

8. The Plaintiff is said to owe \$80.00.

9. On or about June 5, 2012 Plaintiff wrote a letter to the Defendant asking them to validate the alleged consumer debt in question. **See EXHIBIT “B” (notice) attached hereto.**

10. On or about July 20, 2012 Plaintiff received a letter from the Defendant asking for the Plaintiff to pay this consumer debt. **See EXHIBIT “C” (notice) attached hereto.**

11. Defendant ignored the Plaintiff’s request and never validated the alleged consumer debt.

12. Defendant continued their collection effects knowing the Plaintiff was disputing this alleged debt.

13. The Defendant acted in a false, deceptive, misleading and unfair manner when they engaged in conduct the natural consequences of which is to harass, oppress, or abuse such person in connection with the collection of a debt.

14. The Defendant knew or should have known that their actions violated the FDCPA. Additionally, Defendant could have taken the steps necessary to bring their and their agent's actions within compliance of the FDCPA, but neglected to do so and failed to adequately review those actions to insure compliance with the law.

15. At all times pertinent hereto, Defendant was acting by and through their agents, servants and/or employees, who were acting with the scope and course of their employment and under the direct supervision and control of Defendant herein.

16. At all times pertinent hereto, the conduct of Defendant, as well as their agents, servants and/or employees, was malicious, intentional, willful, reckless, negligent and in wanton disregard for federal and state law and the rights of the Plaintiff herein.

17. As a result of Defendant's, conduct, Plaintiff has sustained actual damages, including, but not limited to, injury to Plaintiff's reputation, invasion of privacy, damage to Plaintiff's credit, out-of-pocket expenses, physical, emotional and mental pain and anguish and pecuniary loss and he will continue to suffer same for an indefinite time in the future, all to his great detriment and loss.

**COUNT I – FDCPA**

18. The above paragraphs are hereby incorporated herein by reference.

19. At all times relevant hereto, Defendant was attempting to collect an alleged debt which was incurred by Plaintiff for personal, family or household purposes and is a “debt” as defined by 15 U.S.C. § 1692a(5).

20. The foregoing acts and omissions constitute violations of the FDCPA, including but not limited to, violations of:

- §§ 1692d: Any conduct the natural consequence of which is to harass, oppress, or abuse any person
- §§ 1692e: Any other false, deceptive, or misleading representation or means in connection with the debt collection
- §§ 1692e(10): Any false representation or deceptive means to collect a debt or obtain information about a consumer
- §§ 1692f: Any unfair or unconscionable means to collect or attempt to collect the alleged debt
- §§ 1692g(b): Collector must cease collection efforts until debt is validated

**WHEREFORE**, Plaintiff respectfully prays that judgment be entered against the Defendant, Professional Claims Bureau, Inc. for the following:

- a. Actual damages;
- b. Statutory damages pursuant to 15 U.S.C. § 1692k;
- c. Reasonable attorney’s fees and litigation expenses, plus costs of suit; and
- d. Such additional and further relief as may be appropriate or that the interests of justice require.


**V. JURY DEMAND**

Plaintiff hereby demands a jury trial as to all issues herein.

Respectfully submitted,

WARREN LAW GROUP, PC

Date: March 1, 2013

  
BY: /s/ Bruce K. Warren  
Bruce K. Warren, Esquire

Warren Law Group, PC  
58 Euclid Street  
Woodbury, NJ 08096  
P: (856)848-4572  
F: (856)324-9081  
Attorney for Plaintiff

# EXHIBIT “A”



P.O. Box 9060  
Hicksville, NY 11802-9060  
Return Service Requested  
Personal & Confidential

16 27 4335  
126828

The Offices of  
**PROFESSIONAL CLAIMS BUREAU, INC.**

Tel: (516) 681-1122 (914) 668-1222  
Fax: (516) 681-1265  
M-F 8:30AM-5PM - [WWW.PAYPCB.COM](http://WWW.PAYPCB.COM)  
NYC Dept of Consumer Affairs License # 0811196  
"Se Habla Español"

May 17, 2012



0008184454  
JOEL GREENFELD

Re •	Nyack Hospital
Patient •	LEAH GREENFELD
Account No. •	[REDACTED]
Admit Date •	01/10/11
Balance Due •	\$80.00

**INITIAL INFORMATION**

The above reference account has been referred to our offices for collection.

Our professional account representatives are available to help you resolve this situation in a way that is acceptable to both you and our client.

There is a good chance that this balance represents a balance after insurance or a balance that your insurance carrier has denied for some reason.

For your convenience you may access our website (24 hrs/7 days) to pay your bill by check or credit card.

[www.paypcb.com](http://www.paypcb.com)

Additionally, feel free to mail your check, money order or credit card information along with the payment stub below.

*Whatever you do, please do not choose to ignore this outstanding debt.*

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request of this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.



Professional Claims Bureau, Inc.  
"Debt Collectors Since 1964"

DETACH AND RETURN BOTTOM PORTION WITH PAYMENT

0008184454  
JOEL GREENFELD

Re •	Nyack Hospital
Client Ref •	[REDACTED]
Due •	\$80.00

IF PAYING BY CREDIT CARD, DETACH HERE									
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1"> <tr> <td>CARD NUMBER</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="2">SIGNATURE</td> </tr> <tr> <td>NAME ON CARD</td> <td>AMOUNT</td> </tr> <tr> <td>CVV/CID (3-Digit Verification Code on Back of Card) (VISA / MC)</td> <td>CVV/CID (4-Digit Verification Code on Front of Card) (American Express)</td> </tr> </table>	CARD NUMBER	EXP. DATE	SIGNATURE		NAME ON CARD	AMOUNT	CVV/CID (3-Digit Verification Code on Back of Card) (VISA / MC)	CVV/CID (4-Digit Verification Code on Front of Card) (American Express)
CARD NUMBER	EXP. DATE								
SIGNATURE									
NAME ON CARD	AMOUNT								
CVV/CID (3-Digit Verification Code on Back of Card) (VISA / MC)	CVV/CID (4-Digit Verification Code on Front of Card) (American Express)								



Professional Claims Bureau, Inc.  
P.O. Box 9060  
Hicksville, NY 11802-9060

\*\*Please note: Your credit card statement will reflect a charge from Professional Claims Bureau, Inc.

PCB101  
PCB.VI  
126828

# EXHIBIT "B"

June 5, 2012

From:  
Joel Greenfeld  
[REDACTED]

To:  
PROFESSIONAL CLAIMS BUREAU, INC.  
439 Oak St  
Garden City, NY 11530

RE: Account # [REDACTED]

Dear Management:

This letter is lawful notification to PROFESSIONAL CLAIMS BUREAU, INC. that Joel Greenfeld CONDITIONALLY ACCEPTS YOUR CLAIM UPON BONA FIDE PROOF that your claim is lawful and valid.

Please take lawful notice that in order to effect this BONA FIDE PROOF, PROFESSIONAL CLAIMS BUREAU, INC. via a legally authorized representative is lawfully required and hereby demanded to respond point by point in Truth, Fact, and Evidence to each and every item set forth in this correspondence before he or his Authorized Representative can make an offer to settle PROFESSIONAL CLAIMS BUREAU, INC.'s alleged claim in this matter.

Please provide the following:

1. A copy of the contract that binds myself, a Natural Person, and PROFESSIONAL CLAIMS BUREAU, INC.
2. PROOF OF CLAIM via certified, notarized, specific, and relevant documents that PROFESSIONAL CLAIMS BUREAU, INC.:
  - a. Has any contract or agreement which lawfully compels this Natural Person to accept and/or respond to any communications from PROFESSIONAL CLAIMS BUREAU, INC.
  - b. Is a lawful and valid party in interest in this matter.
  - c. Is not an unrelated third party.
  - d. Is not an unrelated third party debt collector.
  - e. Did not purchase this alleged debt for an agreed upon cost from an alleged other COMPANY, CORPORATION, or Party.
  - f. Is not acting on its own behalf and/or interests in this instant matter.
  - g. When and how did you get my permission to obtain my consumer credit report.

Please have your legally authorized representative respond via signed affidavit, under penalty of perjury, and enclose copies of all relevant documents that demonstrate BONA FIDE PROOF OF YOUR CLAIM within 10 days of receipt of this letter, via certified mail.

This is not a request for verification or proof of my mailing address, but a request for VALIDATION made pursuant to the above named Title and Section.

If your offices fail to respond to this validation request within 10 days from the date of your receipt, all references to this account must be deleted and completely removed from all of my 3 consumer credit report files Experian, Trans Union, Equifax, and a copy of such deletion request shall be sent to me immediately.

Under the "Fair Debt Collections Practices Act" as codified at 15 U.S.C. § 1692, which stipulates that a debt collector must, if requested, provide validation of the alleged debt, i.e. validate the debt. The debt collector is mandated under "FDCPA" to cease and desist ALL collection activity until validation of the original note is provided.

Your failure to provide a lawfully valid response within 10 days, as stipulated, is PROFESSIONAL CLAIMS BUREAU, INC. and their representatives admission to the fact that you have no BONA FIDE PROOF OF CLAIM in this instant matter which is your lawful, legal and binding agreement with and admission to this fact as true, correct, legal, lawful and binding upon you, in any court, anywhere in America, without your protest or objection or that of those who represent you.  
Your silence is your acquiescence.

Dated: June 5, 2012

All Rights Reserved,  
Respectfully submitted,

By: /s/ Joel Greenfeld  
Joel Greenfeld,  
Authorized Representative  
[Redacted Signature]

Sent by Certified US Mail # 7011 2000 0000 9436 7057

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> .			
GARDEN CITY, NY 11530			
Postage	\$ 0.45	0063	Postmark Here
Certified Fee	\$2.95	04	
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 3.40	06/06/2012	
Sent To: KAUFMAN			
Street, Apt. No., or PO Box No.			
City, State, ZIP+4 NEW YORK N.Y. 11530			

# EXHIBIT “C”

The Offices of

## PROFESSIONAL CLAIMS BUREAU, INC.

P.O. Box 9060  
Hicksville, NY 11802-9060  
Return Service Requested  
Personal & Confidential

57 108 16091  
154066

Tel: (516) 681-1122 (914) 668-1222  
Fax: (516) 681-1265  
M-F 8:30AM-5PM ~ [WWW.PAYPCB.COM](http://WWW.PAYPCB.COM)  
NYC Dept of Consumer Affairs License # 0811196  
"Se Habla Español"

July 20, 2012



0008184454

JOEL GREENFELD

Re -	Nyack Hospital
Patient -	LEAH GREENFELD
Account No. -	[REDACTED]
Admit Date -	01/10/11
Balance Due -	\$80.00

**DO NOT CONTINUE TO PAY THIS ACCOUNT ANY LONGER**

Your continued non-payment on the above referenced account has prevented us from helping you to clear this account from our records.

Do not delay payment on this seriously delinquent account any longer:

- Call our offices to resolve this account with one of our collectors
- Resolve your bill on our website [www.paypcb.com](http://www.paypcb.com)
- Mail your check, money order or credit card information along with the payment stub below to close out this account.

It is our hope that you choose to close out this account in a timely manner.

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This communication is from a debt collection agency.



Professional Claims Bureau, Inc.  
"Debt Collectors Since 1964"

• DETACH AND RETURN BOTTOM PORTION WITH PAYMENT •

JOEL GREENFELD

Re ▶	Nyack Hospital
Client Ref ▶	[REDACTED]
Due ▶	\$80.00

IF PAYING BY CREDIT CARD, PLEASE PRINT CARD NUMBER AND EXPIRATION DATE	
<input type="checkbox"/> VISA	CARD NUMBER
<input type="checkbox"/> MASTERCARD	EXP. DATE
SIGNATURE	
<input type="checkbox"/> AMERICAN EXPRESS	NAME ON CARD
AMOUNT	
<input type="checkbox"/> DISCOVER	CVV/CID (3-Digit Verification Code on Back of Card) (VISA / MC)
CVV/CID (4-Digit Verification Code on Front of Card) (American Express)	



Professional Claims Bureau, Inc.  
P.O. Box 9060  
Hicksville, NY 11802-9060

\*\*Please note: Your credit card statement will reflect a charge from Professional Claims Bureau, Inc.

PCB103  
PCB.V1  
154066